

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <b>101074564</b>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2										
Total Depend	40										
Total Claims	42										
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Total Indep	12										
Total Depend	11										
Total Claims	23										

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